PTO/SB/01. 02 & 04 COMBINED (08-03) AW (10-03)

DECLARATION/			cket Number: MA	Ti-226US			
POWER OF ATTORNEY FOR UTILITY OR DESIGN			Inventor: Nik	olaus H. Lehmani	n et al.		
PATENT A		COMPLETE IF KNOWN					
_		Application N	umber. To i	Be Assigned	:		
With Initial Filing (37 CF	itted after Initial Declaratio (surcharge (37 CFR 1 FR 1.16 (e))		Hen	ewith	:		
			To E	Be Assigned	i		
(37 CFR 1.63) require	ed)	Examiner Na	me: To E	Be Assigned			
I hereby declare that: Each inventor's residence, mailing I believe the inventor(s) named bel sought on the invention entitled:  METHODS AND APPARATUS	low to be the original and first	inventor(s) of the subject	t matter which is claime				
the specification of which	(T	itle of the Invention)					
is attached hereto				}	•		
OR							
was filed on (MM/DD/YYYY) as United States Application or PCT International Application Number							
and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached?		
Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.							
		,					

[Page 1]

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Declaration/Power	Of Attorney fo	or Utility or E	Design I	Patent Ap	plic	ation
I hereby appoint:  Practitioners at Customer or  Practitioner(s) named below:	Number <u>23122</u>					
as my/our attorney(s) or agent(s) to patent and Trademark Office connected	prosecute the application and therewith.	identified above, and		istration Numbe		ed States
Direct all correspondence to:	Practitioners Customer Correspondence Addres		OR			
Name: Address:						<u>:</u>
Address.			T		<u> </u>	
City:	State:		Zip:			: •
Country:	Telephonė:		Fax:			
I hereby declare that all statements man belief are believed to be true; and furthe like so made are punishable by fine or i jeopardize the validity of the application	or that these statements w morisonment, or both, und	vere made with the kni der 18 U.S.C. 1001 ar	awladaa that	عسلم ممامة الراقاليين	L	ساه استما
Name of Sole or First Invent	☐ A Petition has been filed for this unsigned inventor.					
Given Name (first and mid	Family Name or Surname					
Nikolaus H.	Lehmann			-	:	
Inventor's Signature	mann				24/	12004
Residence: City: Bad Schwalback	State:	Country: Germany Citizenship:			erman	У
Mailing Address: Zur Rehwiese *	***************************************					
Mailing Address:					·	
City: Bad Schwalback State:		Zlp: 65307	Country; Germany			<del>!</del>
Additional inventors are listed on the next page.						<del>;</del> I
	<del></del>	<del></del>				

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Declaration/Power O	f Attorney f	or Utility or Desig	n Patent Ap	lication
Name of Second Inventor:		A Petition has been file	ventor.	
Given Name (first and middle (if any))		Family		
Alexander M,			Halmovich	
Inventor's Signature		Date: 2/24/	2004	
Residence: City: North Brunswick	State: NJ	Country: US	Citizenship: US	:
Mailing Address: 5 Hidden Lake Drive				:
Mailing Address:				
City: North Brunswick	State: NJ	Zip: 08902	Country: US	
Name of Third Inventor:		A Petition has been file	ed for this unsigned in	entor.
Given Name (first and middle (if any))		Family	Name or Surname	
				:
Inventor's Signature		Date:	:	
Residence: City:	State:	Country:	Citizenship:	
Malling Address:				:
Mailing Address:				
City:	State:	Zip:	Country:	!
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
		, ; ,		;
Inventor's Signature		Date:		
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:				ı
Mailing Address:				:
City:	State:	Zlp:	Country:	:
Additional Inventors are listed on	Supplemental She	et(s).		

[Page 3]

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